



**EMERGENCY SERVICE ORGANIZATION
APPLICATION FOR AFFILIATE MEMBERSHIP
OR ANNUAL RENEWAL**

New Application _____ OR Renewal _____ for the year _____

Date of Application _____

Organization Name _____ Station # _____

Address _____

Phone _____ Contact Email _____

Affiliate Organization Type: Fire/Rescue _____ EMS _____ Other _____

ESO AUTHORIZATION

ESO President Name _____ Signature _____

Phone _____ Email _____

ESO Secretary Name _____ Signature _____

Phone _____ Email _____

Affiliate members organizations are entitled to a monthly digital subscription to the PA Fireman magazine and to a 5% discount on purchases from the LCFA Bookstore.

Please complete ALL information on this form and return with your dues remittance of \$25.00.

Make checks payable to "LCFA" and return to:

Lancaster County Firemen's Assoc.
630 East Oregon Road
Lititz, PA 17543

For questions contact LCFA Treasurer at 717-560-6530 or email treasurer@lcfa.com